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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

How long in above place of d Hospital, institution, or stre Eastern	Don Can de city or town lie eath? 4	nbridge mits, write R 10s. 11 death occurred tate Ho	spital	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State Maryland City or town (if outside city or town limit Street No. 617 West Mai (If rural, give 2.(a) if veleran, name war.	ousty Wicomico TV ts, write RURAL and give nea n St. re LOCATION)	rest town)
4. Sei 5.	Coior or race	8.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	wi	dowed	20. DATE DF DEATH December		2;30a _M
6.(b) Name of husband or w			derman (dead)) If allve, give ageyears	21. I CERTIFY that death occurred on the date a July 28, 1947 and that I last saw h. er alive on De	Dec. 10	19. 47
deceased (mo., day, yr.)	IMA y	10, 10	10	Immediate cause of death		DURATION
8. AGE: Years	Months	Days 28	If less than one day			•
74	6		hrs. min.	ary court alor account of the court of the c		
9. Birthplace Dam	es Quart	county, and s	om. Co. Md.	Oue to Chronic myocarditis & unk, myocardial degeneration		
1D. Usual occupation 11. Industry or business	Housev	YUI K.		Due to Old Age.		
12. Name	unkn	OW11		Other conditions Senile Psyc	hosis	***************************************
	Mimie La Som. Co.			(Include pregnancy within a	***************************************	
16. Informant Eas	tern Sho bridge,			S Autopsy results	which death should he charged	
burial (Burial, cremation, or	State	Hospita	Dec. 13, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of	
Location	Cambri	dge, Ma	ryland	injured at home, farm, Industry, public place ((where?)	
			uneral Service	Means of Injury	injured at work?	>
Address	Cam	bridge,	Maryland	e 22 SIGNATURE July M	Buse	mber
Dec. 13	, 1947		John Mace Jr. M. I	23. SIGNATURE BRANS	ombe M.D. abridge, Md.	or other 12/10/47

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11153

Reg. Dist. No. // J

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Hurlock (Rural) (If outside city or town limits, write RURAL and give nearest town) Street No. X (If rural, give LOCATION) 2.(a) If veteran, name war.
Fred. Aldridge	3. (b) Social Security Number
male 5. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. Date of Death December 21 /47
6.(b) Name of husband or wife Myra E.Spry 6.(c) If alive, give age 48 years 7. Sirth date of deceased (mo., day, yr.) July 5th, 1885	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19 X 19
8. AGE: Years Months Days If less than one day 62 5 16hrsmin.	Immediate cause of death X OURATION Injury to Brain
9. Birthplace Dorchester County - Md. (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Farm and Canning House	Due to Fracture of Skull Due to Fracture of ribs on left
E 12. Name Robert Aldridge 13. Birthplace Md	Other conditions Fracture of Femur on left side.
14. Maiden name Eliza x 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major fiadings of aperations.
16. Informant Winfred Aldridge (son) Address Hurlock. Md.	Autopsy results
17. Derial Oate thereof Describer 26 1947 (Burial, cremation, or removal. Which?) Cometery or crematory Petersburg Cometany Location Petersburg W.S. near Sturbock, M.d. 18. Funeral director S. Frampton and Son	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Ale 26 - 19.47 Charlottest	23. SIGNATURE DE SANCE DE LA CARRA CARRA M. D. or other LA Cambridge Md Dec 21/47



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11154

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) C	OF DECEASED:	
			State Maryland		
City or fown Can	nbridge	limits, write RURAL and give nearest town)		uniy WOI CES CEI	
How long in above place of death?			City or town Girdletree	ts, write RURAL and give nea	nout town)
				ts, write RORAL and gras nea	rest town)
		e Hospital	Street No.	- LOCATION)	//
	6	days	2.(a) tt veteran, name war		
			2.(a) it veteran, name war		
3. (a) FULL NAI	ME			3. (b) Social Security	Number
Clayton	Jones Bow	en		non	2
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white	married	20. DATE OF DEATH. Dec. 22	1947	64
			21. I CERTIFY that death occurred on the date at		
		Virginia Parks	December 16		
***********			and that I last saw h. imaltve onDec.		
7. Birth date of deceased (mo., da)	y, yr.) May 15	1885			
	ars Months	Days If less than one day	Immediate cause of death		DURATION
o. Au.	1 17	7	Cerebral Hemorrhag	<u>e</u>	***************************************
6.	-6 /	hrs. min.		*****************	
	lirdletree, (Town	Maryland county, and state) lanter	Due to Cerebral Arterio	••••••	
11. Industry or busin	ness		500 100		
		er Bowen	Other conditions - Diabetes		404400000000000000000000000000000000000
the same of the sa		rcester, County, Md.	Psychosis With Cere	bral Arteriosc	lerosis
≥ Is. on inplace	Town W. T		(Include pregnancy within 3	months of death)	
置 14. Maiden nam	Girdletre	ones	Major findings of operations		
2 15. Birthplace	Girdletre	e, Md.			
. Fac	tenn Shane	State Hospital Records	Antopsy results		
		•	PHYSICIAN: Please underline the cause to	which death should he charged	statistically.
Address Can	bridge, Md	. 0	22. VIOLENCE: It death was due to external ca	auses, till in the following:	
17 / 244	idl	Date thereof Dic 24/47	Accident, suicide, or homicide		
(Builal, cremati	ion, or removal. Which	Date thereof (month) (day) (year)			
Cemetery or crem	atory	saux	Where did Injury occur?(City or town)	(County)	(State)
(Whidle	ay, mg.	Injured at home, tarm, Industry, public place (where?)	******************
Location	a sugar		Means of Injury	Injured at work?	
18. Funeral director	llfay	O Glymit	means of month	2. 11.	1
Address	Sonton	I Will ma	4/1/11	11/mun	111/0-
Δ.	·	10' 2.1	23. SIGNATURE Grace M. Bran	scombe M.D.	or other
19 Dec	1.24 1947	John Mace Ju mi	Address E.S.S.H., Cambrid	ge Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

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eg.	Diat.	No.	// (6

			CERTIFICAT	Reg. Dist. No	
1. PLACE OF DE.	ATH:	ester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(11 c How long in above place Hospital, institution, or Eastern	Dorchester Cambridge (If outside city or town limits, write RURAL and give nearest town) n above place of death? 1			State Maryland County Dorche City or town RuralCambridge (If outside city or town limits, write RURAL and give n Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	nearest town)
3. (a) FULL NAM	E Guy	Steele	Burton	3. (b) Social Securit 217~10~82	
4.Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHDecember 13	10.30
			VII	21. I CERTIFY that death occurred on the date above stated; that I attended de	ber 13, 47
deceased (mo., day, 1		st 22 18	If less than one day	Immediate cause of death	DURATION
65	3	20	hrs. min.	disease	
1D. Usual occupation	P.	ipe fitt	ester Cy Maryland	Oue to	
	Hester	Thomas	and f all thousand	(Include pregnancy within 3 months of the include o	erosis
16. Informant		Galladia di 16 199, 760 , 769, 2		Autopsy resolts	
17. Burial, cremation	ory Cam	Date then	(month) (day) (year) e Cenoto,-y	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral director	Le Comi	steo t		23. SIGNATURE Grace M. Branecombe M. I	Juliano de la companya della companya della companya de la companya de la companya della company
19. (Date rec'd by re	(gistrar)	John	mace p mi	AddressCambridge Maryland Oate signe	12:14.4

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PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

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DEC 19 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3, (a) FULL NAME	
Willial Halige Ca	lling 3. (b) Social Security Number
4. Sex 5. Color or race 6. Cotton of the Calary Mily Selection of divorced Mily Calary Mil	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(6) Name of husband or wife Selection of the select	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of . A	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OUR MIDN
9. Birthplace (Town Jounty, and state)	Due to
10. Usual occupation. Zabar	Oue to.
11. Industry or business Angel	
12. Name MANUSTAN COLONS 13. Birthplace MASSAUKLA X A	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Casay Salay Salay VA	Major findings of operations
18. Informant Paslen Collins	Autopsy results
Address 45 9 1 HV Maht 8t	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or remaind, Which?) Date thereof. (resouth) (day) (year)	22, VIOLENCE: If death was due to external causes, fill in the following:
6, - 0, 0 12	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Control Contr	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work?
18. Funeral director Allers 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	means or injury tinjured at work?
Address Chult-walch mil	23. SIGNATURE & Many and M. D.
19. 12/29/47 19 John Mace mach me (Date rec'd by registrar)	Address 136 Race H. Cambridge & Signed 12/26

CONTRACTOR DESCRIPTION



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

1860

11157

CERTIFICATE OF DEATH

			·		Reg. Dist. No	5 11
1. PLACE OF D	nester			2. USUAL RESIDENCE (HC		
City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life				dger town limits, write RURAL and gi		
Hospital, Institution, Cambrid	or sireet address where	death occurred: and Hospi	tal	Street No. 200 Henry St a. (If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NA	ME	Herman I	. Cook		3. (b) Social Secu	urity Number
4. Sex	5. Color or race	6.(a)Single, marrie	ed, widowed, or divorced	MED	ICAL CERTIFICATION	V
Male	White	Wide	wed	20. DATE OF DEATH	ecember 3, 19.5	47 at 1:10A
R (h) Name of husbar	nd or wife Nora	Jane Pal	mer /	21. I CERTIFY that death occurred or	n the date above stated; that t attended	d deceased trom
	, 1938		e, give ageyear	and that I last saw halive		
deceased (mo., day		24, 1860				
8. AGE: Ye: 87	7 Months	0	ess than one dayhrsmin	Injury to	Brain	
	mbridge,		[J. Sprald	
11. Industry or busin					Jane	
	/illiam W	Cook		Other conditions		
	Maryland Emalie (Cook		(Include pregnan		
0 15 Rirthniace	Maryland					
Mar	Hanny (No ole			Dale ot op.	
1				PHYStCIAN: Please underline the	canse to which death should he cha	
Buri (Burial, cremati	mbridge, al on, or removal. Which atory. East Ne	Date thereot	Dec. 5, 1947 (month) (day) (year) Cemetery	Accident, suicide, or homicide. Where did injury occur?	ty or town) (County)	Dec. 1/47
Location F	last New 1	Market, M	aryland		plic place (where?)	to the same of the
18. Funeral director	LeCompte	's Funer	al Service		Injured at work	? no
	bridge, l			23. SIGNATURE OZ. 3	Shrim De	Med Gran
19. (Date rec'd by	registrar)	7 Jean	Registra	Address Cambre	del - Med Date st	igned Dea 3/4/



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11158

CERTIFICATE OF DEATH

Reg. Dist. No. 174

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution? Cornish	2.(a) II veteran, name war
3. (a) FULL NAME, Chaylen m Calm	3. (b) Social Security Number
A. Sex 5. Color or race 8. (a) Single, martied, widowed, or divorced market market ell	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 5 30 19. 4 7 21 5 30
8.(b) Name of the Moley Rolling South	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Z / - / C C C	and that I last saw h.L.M. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days I less than one day	Immediate cause of death
48 10 16min	1.
9. Sirthplace De Che Towngounty, and state)	Due to anteres selectio Neglete Unknown
10. Usual occupation Fallows	Due to
11. Industry or business 12. Name 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other conditions
14. Malden name 22 Ball Ball Ball Ball Ball Ball Ball B	(Include pregnancy within 8 months of death) Major findings of operations
≥ 15. Birthplace Now Nothing	Date of op.
16. Informant Amely The Banksly	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Duc P Town	Where did lajury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Language S. H. Surgardia	Means of Injury Injured at work?
Address Cambrie Copfe	22 SIGNATING Changaner
"1131 " YE trumment	23. SIGNATURE M. D. or other m. Cambridge M. D. or other m. L.
(Data rec d by registrar) Registra	Address 136 Race treet Date signed 1-3-4).



information carefully. The correct age of death clearly and legibly

BINDING

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important.

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

/			CERTIFICAT	Reg. Diat. No	// 9
1. PLACE OF DEATH	H: ster			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town			URAL and give nearest town) MO., 15 days	State Maryland County Dorchester City or town Milton (If outside city or town limits, write RURAL and give nea	
			8 mo., 15 days	(1f rure), give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME John Cors	sev			3. (b) Social Security none	Number
	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	wido	wed	20. DATE OF DEATH December 14 19.47	
6.(b) Name of husband or v	wife Mary Fi	rancis	Kirby	21.1 CERTIFY that death occurred on the date above stated; that I attended decer November 19.42 to Dec. 14	
7. Birth date of deceased (mo., day, yr.)	March 1	6. (4	c) If alive, give ageyears	and that I last saw h. i.m. alive on December 1/4.	
8. AGE: Years 67	Months 9	Days	if less than one day	Chronic myocarditis and myocardial degeneration	**
			atate)	Due to	
10. Usual occupation	Laborer			Due to	-
置 12. Name. Char	rlie Cors	sey		Other conditions	
至 14. Maiden name	atilda N	Woolfor	•d	(Include pregnoney within 3 months of death) Major fiedings of operations	
2 15. Birthplace Ma	aryland	- 1		Date of op.	***************************************
16. Informant Easte:			Hospital Records	Actorsy resolts	statistically.
17. Buria		Date then	eet 12 - 14 - 1947 (month) (dsy) (year)		
Cemetery or crematory	Jude	e S	nol_	Where did injury occur?	
t8. Funeral director	enne	ch K	J hornas	Msens of injury Injured affects?	1 7
Address Cam	linder	1	mare or ma		or other
19. (Date rec'd by regist	16 - 18 4 7	() al	Registrar	TO O II Combanidae Md	12/15/47

DEC 19 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		0-11111011	Reg. Diat. No.
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or townTal (1 How long in above pla Hospital, institution,	ngier Sou If outside city or town I ace of death? One or street address where	nd-Near Crocheron limits, write RURAL and give nearest town) Year death occurred:	State Virginia County Northampton City or town BELLE Haven Wills Wharf (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital	or Institution?		2.(a) It veteran, name war
3. (a) FULL NA	ME	Ga tha X. Cottee	3. (b) Social Security Number
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
C (h) Nama at hugha	and as wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., da	Tow 7		and that I last saw halive on
	ears 44 Months	Days If less than ooe dayhrsmin.	Immediate cause of death
1D. Usual occupation 11. Industry or busing 12. Name	Lightho mess U. S. C ra E. Cot Virginia	county, and state) usse Keeper oa st Guard tee	Due to Other conditions (Include pregnancy within 3 months of death)
14. Maiden nam 15. Birthplace	Va.	THE RODULING	Major findings of operations
16. Informant I	ra F. Cot Belle Hav	tee en. Vs.	Autopsy results
17Buri (Burial, cremat	al ion, or removal. Which	Mar 12 10	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
		's Funeral Service	Means of injury boat africe Injured at work?
		Maryland.	of STRATURE A. Specious Del Med Exam
19 Marc	10 10- 19 48 registrar)	John Mace J. Mad Registrar	Address Camer Standing - Many Bate signed Man 1944.

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

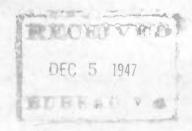
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11160

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	Md
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside cly or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
Combrage Associat	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Goldey R Dunn	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widewed, or directed	MEDICAL CERTIFICATION
my	2D. DATE DE DEATH December 2 1947, at 5 Am
A Chi Married and an alfa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	Novhw14 75 194 10 Dec 2 194
7. Birth date of	and that I last saw h. the alive on Delc 19 19
deceased (mo., day, yr.) RACE- Years Months Days If less than one day	Immediate frame of death DURATION
74 4	Course remember 9da
/3 3 2hrsmin.	
9. Birthplace	Due to
10. Usual occupation.	
	Dus 10
11. Industry or business	Thought Prin
12. Name	Diher conditions
	(Include pregnancy within 8 months of death)
14. Malden name Colinsboth Phillips 15. Birthplace Md	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Colsie Majors	Autopsy results
Address Seaford Bul KD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buisl Date thereof 12, 4, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Shaptour	injured at home, farm, industry, public place (where?)
18. Funeral director. Gravenor Bros	Means of injury / Injured at work?
Address Sharktown	100 But Dunles mix
	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) John Mace Registrar	Address auchid a nd Date stender 2. 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFIC	ATE OF DEAT	ГН	Reg. Dist. No.	116
ounty. Dorchester ounty. Dorchester ity or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? Three Weeks ospilal, institution, or street address where death occurred: Cambridge Maryland Hospital ow long in hospital or institution? One Day			Stale Marylar City or town Rur	ants give residence of a coural — Coura	mother) oly Dorches on Creek of write RURAL and give eck LOCATION)	e nearest town)	
3. (a) FULL NAM	ie Ed	ith Pat	ricia Grein	1		3. (b) Social Secu	rity Number
4.3sı Female	5. Color or race White		rried, widowed, or divorced	20, DATE OF DEATH	Decembe	er 13 19 4	7 a 10 A
	or wifeyr.) March	6.(e) If a	alive, give age)	rears and that I last saw h.C.	R. alive on 13.	ve etated: that I attended	DEC 19 4
8. AGE: Year	re Months	Days 1	f less than one dayhrs.	Immediate cause ol dea	TRACHE	LITIS O-BRONCH	DURATION ///S
1D. Usual occupation. 11. Industry or busine	illiam H.			Due to	PT/CEM		
13. Birthplace Maryland 14. Maiden name Mary Grace McGowen 15. Birthplace Maryland			Major findings of opera	le pregnancy within 8 r			
18. Informant Mr Address Cal 17. Buric (Burial, crematio Cemetery or cremation Location Cal	s. Mary G mbridge, al m, or removal. Which?) tory. Dorche mbridge,	RFD # 2 Date thereof Ster Me Narylan	e, Maryland Dec. 16, 194 (month) (day) (year) morial Park	Autopsy results	derline the cause to what was due to external cau	nich death should be cha	rged statistically.
Address Cal	mbridge,	M <mark>aryla</mark> n	d.	23. SIGNATURE	alter.	11.4 / 0	b, or other gned / 6 Days

FOR BINDING MARGIN RESERVED

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WITH UNFADING INK. important. Physicians: p



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HOUAL DECIDENCE (LICAME) OF DECEASED

CERTIFICATE OF DEATH

Reg. Dist. No. 116

County	(For newborn infants give residence of mother) State
3. (a) FULL NAME /S	
Luna Frances 7	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed	20, DATE DE DEATH Les 10 47 31 // 10 H
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months B Bays It less than one dayhrsmin	arterio selentie deplesites centeron
9. Birthplace	Due to. Asterio sclentie Heart Disease unhua
11. Industry or business 12. Name Francis Francis 13. Birtholace Maryland.	Other conditions
13. Birthplace 14. Malden name Lauise Jones 15. Birthplace Luckusum	(Include pregnancy within 3 months of death) Major fiedings of operations.
2 15. Birthplace when .	Date of op.
18. Interment of Catherine 7 of	Actopsy results
Address 47 4 Color St. Caracterist 74 Color St	22. VtOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Stevensville Md.	Where did injury occur?
Location	Means of injury tnjured at work?
18. Funeral director. Cambridge, and.	
19. 12/29/ 19 47 John Mace on me (Date rec'd by registrar)	M. D. or other

JAN 3 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL PESIDENCE (HOME) OF DECEASED: (For pywhorn infants give residence of mother) State
3.(a) FULL NAME CHARLES FREDERICK HAHA	3. (b) Social Security Number
4. Sex MALE WHITE WIDOWED. 6.(b) Name Australia with FREDA HAHW.	MEDICAL CERTIFICATION 20. DATE OF DEATH. DECE 13 ER 17 19 47 at 10 A 21. LICERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 19. 1854	and that I last saw h. A. T. alive on DEC 17 19.47 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 93 4 29 hrs. min. 9. 8irthplace 5AXON / GERMAN / Jown, county, and state) 1D. Usual occupation CUSTOM SHOEMAKER.	0ue to SENILITY
11. Industry or business 5 HOE COMPANY HAHN. 12. Name	Due to
14. Maiden name	Major fiediums of operations. Date of op.
Address CAMBRIDGE MARYLAND 17. BURIAL (Burial, cremation, or removal, Which?) Cemetery or crematory DRUID RIDGE Location PIKESUILLE MARYLAND	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director WINAM COOK Address BALTIMORE, MARYLAND. 19. 12-18-19-19-19-19-19-19-19-19-19-19-19-19-19-	Means of Injury Injured at work? 23. SIGNATURE M. D. graffi 7/1/4

FOR BINDING

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

11164

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Three Months	State Maryland County Dorchester City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: Race St.	Street No. Race St. a. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Bertie Brooks Harrin	ngton 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 3, 19.47 at 12:10Pm		
6.(b) Name of husband or wife. W. W. Harrington	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Deceased	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death Occurry 3 h		
9. Birthplace. Madison, Dora Co. Maryland (Town, county, and state) 10. Usual occupation. — — — — — — — — — — — — — — — — — — —	Due to		
12. Name J. W. Brooks, Sr 13. Birthplace Maryland	Other conditions		
14. Malden name Louise Tolley 15. Birthplace Maryland Mrs. Daniel Delaha	(Include pregnancy within 3 months of death) Major fiedings of operations.		
16. informant Mrs. Daniel Delaha	Actorsy results.		
Address Cambridge, Maryland	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Burial Barial Date thereof Dec. 7, 1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory Madison Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Madison, Dor Co., Maryland	(City or town) (County) (State)		
18. Funeral director LeCompte's Funeral Service	Means of Lojury Injured at work?		
Address Cambridge, Maryland.	Lieh Trunglin		
19. Dec 5- 19 47 John Macel 7 (Date rec'd by registrar) (Date rec'd by registrar)	Address Date signed 7.		



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:

11165

CERTIFICATE OF DEATH

B - D N 116

county Dorch	ester		***************************************	(For newborn infants give residence of mother)
Cily or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		DAY and since account has	State Maryland County Dorchester	
How long in above place of dealh? 15 Years		KAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	
How long in above place Hospital, Institution, or	of dealn?	death occurred:	***************************************	Street No. 311 Washington St.
				Street No. (If rural, give LOCATION)
				2.(a) It veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
		a Robb	ins Hill	s.(v) Bottal Stealing Name
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed			20. DATE OF DEATH. December 29, 19 47, 21 1:15A	
6.(b) Name of husband	or wite Jame	s E. H	ill	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from
(Died M	ay 1932		It alive, give ageyears	19 47 10 12 /29 19 47
7. Birth date of deceased (mo., day, yr	March	15. 18	91	and that I last saw h. Let alive on 12/29/
8. AGE: Years		Days	If less than one day	Immediate cause of death DURATION Coronary acclusion / W.
56	9	14	hrsmln.	
Can	bridge.	RFD #	3. Warvland	Oue to arterio schrotic / least
9. Birthplace	(Town,	county, and ata	3, Maryla d	aligare author
10. Usual occupation	Housewi	fe & C	aborer	Que to
11. Industry or business	Cannery	7		
当 12 Name Geo	rge B. F	obbins		Other conditions
12. Name Geo	larvland			
E	Louise	Rell		(Include pregnancy within 8 months of death)
14. Maiden name 15. Birthpiace			***************************************	Major findings of operations. No Appendix
∑ 15. Birthplace	laryland			Daie of op.
16. Intermant Mr	. Willie	Hill		Antopsy results No autopsy
Address Cam	bridge,	Manyla	nd	PHYSICIAN: Please underline the cause to Shich death should be charged statistically.
. Burial		Nate thereof	Dec. 31, 194	22. VIOLENCE: It death was due to external causes, till in the toilowing:
Burial (Burial, eremation,				Accident, suicide, or homicide
Cemetery or cremator	, Spedde	ens Cem	etery	Where did Injury occur?
Location Jam	es, Dor.	Co.,	Maryland	Injured at home, farm, Industry, public place (where?)
19 Superal director	LeCompte	s's Fun	eral Service	Means of injury Injured all work?
			nd.	
				23. SIGNATURE.
19 Dec	31-19 47	John	~ Mace Ju m	23. SIGNATURE. Comm. D. grother m.l. Address 136 Roce Steet Date signed 121 30/41
(Dats rec'd by reg	ristrar)	//	Registrar	Address 136 Roce Street Date signed 12/30/41

JAN 3 1948

WRITE

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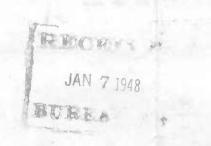
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St	t., Baltimore	461
CERTIFICATE	OF DEATH	5

Reg. Dist. No. //0

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hullock Cural (If outside city or town limits, write RURAL		State Thangland County Anchester		
(If outside city or town limits, write RURAL How long in above place of death?// worths	L and give nearest town) City or town	or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: **Rear Elwood**	Street No. 21e	ar Elwood		
How long in hospital or institution?		(If rural, give LOCATION)		
2 (a) EULL NAME		3. (b) Social Security Number		
S. (a) FULL HAME William Str	ubbard	198-09-0266		
	ried, widowed, or divorced MEI	DICAL CERTIFICATION		
male Colored Winds	owed 20. DATE OF DEATH See	ember 31 1947 1 12:20 P		
S.(b) Name of husband or wife Vardie Hus	bland 21. I CERTIFY that death occurred	on the date above stated; that Jattended deceaped from,		
T. Birth date of	live, give age years and that I last saw h	December 20 1947		
deceased (mo., day, yr.) March 27, 18	Immediai- cause of death	A DURATION		
5- 0 d	less than one day	I knorthage 10 mint		
9. Birthplace Dorchester County Ma (Town, county, and state)		not hier Quan		
10. Usual occupation Day (alone)				
11. Industry or business Pope Factory	Oue to	~_^		
	Dither conditions.	CILLA .		
13. Birthplace Douchester County Many	yland	aney within 8 months of death)		
14. Maiden name. Charlotta Cornish 15. Birthpiace Dorchesta County Wa 16. Informant. Reva M. Hubbank	Major findings of operations			
2 15. Birthpiace Dorchester County Ma	ryfand	Date of op.		
16. Informant Reva M. Hubbard	Antopsy results			
Address Hurlock Maryland R:	FHYSICIAN: Please underline to	he cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due	e to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Cemetery or crematory	(month) (day) (year)			
	. 1			
Location Mean Hilliamsburg	Injured at home, farm, Industry, p	ublic place (where?)		
18. Funeral director. In Framptom	1 (6	Injured at Work?		
Address Federalsburg Man	yland 23, SIGNATURE WE	Harrison YWD		
19. Jan 3 - 1948 Chas	W Hashingo	Nock Maz M. D. or other		
Indie tee a by registrat)	ABBIESS			



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1	
1. PLACE OF DEATH: County Deschieft	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
B. J.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL HAME (mily Hughes	3. (b) Social Security Number
Hemale Color or race (Ma) Single, married, widowed, or divorced Wellarvel	MEDICAL CERTIFICATION 20. DATE OF DEATH A LUMBU 9 19 47 218-00 22
6.(b) Name of husband or wife what Hugher	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	yeara and that I last saw h. Q.V. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death Henrent 5less
78 1 27hrs.	
9. Birthplace (Town, county, and state)	Due to Afgheria
1D. Usual occupation / Huse Mife	Due to.
11. Industry or business	
12. Name ACAMON W	Dther conditions.
14. Malden name 2 arrielt Stanley 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	major nadiags or operations.
16. Informant Exist They Hughes	Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 32 Washington Street	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Addition Allery	Where did injury occur? (City or town) (County) (State)
Location Gutter	Injured at home, farm, industry, public place (where?)
18. Funeral director Lluys HOGarmen	Maana of Injury Injured at work?
Address & amberraffl nd	- 23 SIGNATURE Canoff ne the ness
18. Des 13- 19 47 Sele Mace 16 (Date rec'd by registrar) Regist	Tran Address Pin Tel V Date signed 2-12.7



MARGIN RESERVED FOR BINDING

ARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

131 & 11168

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residents of mother) State
3. (a) FULL NAME Brice W. Jehn	3. (b) Social Security Number
1. Sex 5. Color grace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
6,(b) Nama of husband or wife	21. I CERUEY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Capal 17-1888 8. AGE: Years Moghs Days It test than one day	Immediate cause of death DURATION
58 7 79hrsmin.	-
9. Birthplace (Town, county, and state) 10. Usual occupation Shipyard mgr. retired	Due to Chronic hepartis
11. todustry or business 12. Name	Other condition Old Frontiere Shackley
14. Maiden name Martha a. Suiclair 15. Birthplace Dalbot Co.	(include pregnancy within 3 months of death) Major fieldings of operations.
16. Informant Drow Howard A. Reef	Actors resolts
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Cauchas Sont	Where did Injury occur?
18. Funerat director Remeth R. Hornes Address Cambride, mod	Means of Injury Injured at work?
19. Date rec'd by registrar) Registrar Registrar	23. SIGNATURE M. D. of copied 17/4

DEC 22 1947

MARYLAND STATE DEPARTMENT OF HEALTH

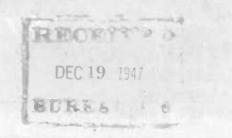
2411 N. Charles St., Baltimore

11169

CERTIFICATE OF DEATH

Reg. Diat. No. 116

State Maryland County Dorchester City or town Madison (Ryral) (If outside city or town limits, write RURAL end give nearest town)
(16 autoide situ on town limite, maile B IDAT b des A A
Street No. X X (If rural, give LOCATION)
2.(a) If veteran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION 20. DATE DF DEATH December 15 1947 at 2 P at
21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from XX X 19 19
and that I last saw h
Drowning X
Due to fell from boat
Olher conditions
(Include pregnancy within 3 months of death)
Antopsy results
22. VIOLENCE: If death was due to external causes, fill in the tollowing: accident, suicide, or homicide. Homicide. Bate of Dec. 15/47. Where did injury occur? NF. Madison, Dor. Md. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) injured at work? Yes 23. Signature. M. D. or other
2200 221 ann ann ann ann ann ann ann ann ann an



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.	Dist.	No. 116

. PLACE OF DEATH rehecter	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 ld ma kay 1 1 02	State
(If outside city or town limits, write RURAL and give nearest town)	Don't of the
/	(If outside city or town limits, write RURAL and give nearest town)
w long in above place of death?	(if outside city or town timits, write RORAL and give nearest town)
	Street No.
Camounge ou	(If rural, give LOCATION)
ow long in hospital or institution?	2.(α) If veteran, name war
. (a) FULL NAME	3. (b) Social Security Number
marie Taush and	er)
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 Ollets married	
Espale Much Court	20. DATE DF DEATH. Dec 30 1947, at 12 1
(heaten Jaurk)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
b) Name of husband or wife	ON 14, 1847, to Dec. 30, 1847
6.(c), It alive, give age 3	
Birth date of 1097	and that I last saw h Cr alive on Dec 30 18 43
leceased (mo., day, yr.) [aw 34 18	Immediate vause of death DURAJION
AGE: Years Months Days If less than one day	Urenia 4 day
TO 11	
30 // hrs	min.
Tale tonor . Il y	Due to arterio scleptic nephrho cupro
Birthplace (Town, county, and state)	U.
V VIET OR IN PR	
Usual occupation.	Due to.
Industry or business //	Malignant hyperlension unknow
Willey Is not so	
12. Name	Other conditions
13. Birthplace MELV A -BENE - 4/	
hat the sterl	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations
14. Maiden name ACC AST FEATON 15. Birthplace A D	
16 to the total	Date of op.
Informant (Nester) Xallety	Autopsy results
Address & Maretary Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Country John	22. VIOLENCE: It death was due to external causes, till in the following;
Date thereof January 174	
Burial, cremation, or removal Which?), (month) (daf), (year)	Accident, suicide, or homicide
emetery or cremajory! Odjet New Masket	Where did injury occur?
the transfer of transfer of the transfer of th	
ocation past view orthing files	Injured at home, farm, Industry, public place (where?)
1812 Minh . a le le . 1	Means of Injury Injured at work?
Funeral director To The Table 1997	
Address at new market	23 SIGNATURE (aurence Maryanor M.)
1 1 1 1 - C. 1 2 . N	M. D. or other
12/31/ 1047 Down (Name)	Warmer ('A) In the last of th

FOR BINDING

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MARGIN

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BUT THE RESERVE OF STATES AND THE

JAN 2 1948

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

			CERTIFIC	ATE OF DEATH	Reg. Dist. No	TT6
How long in above plac Hospital, institution, o RF	hester ral-Cambroutside city or town 1 e of death? 10 r streef address where D # 1	eidge imits, write R Hours death occurred	URAL and give nearest town)	State Maryland Con Cambridge (If outside city or town limit Hambrooks R	nty Dorchest write RURAL and give no LVd LOCATION) War 1	earest town)
3. (a) FULL NAM		lliam	Green Linth:	ieum	3. (b) Social Security	Number
Male	5. Cotor or race White		arried, widowed, or divorced		er 30, 19 47	about
B.(b) Name of husband 7. Birth date of deceased (mo., day,	or wife Rose	6.(6	e) If alive, give age 53		, 10 X X	19
8. AGE: Year 54	s Months	Days —	if less than one day	Immediate cause of death		
1B. Usual occupation.	Garage s Automot enjamin	Opera ive . Lin	r. Co., Md. tor thicum	Due to Hypertensio	n	
		een		(Include pregnancy within 3		
18. Informant Lin	s. Wm. G.	Lint	hicum			
17 Buria. (Burial, cremation Cemefery or cremat Location Cust 18. Funeral director.	rch Creek	Date fhere nity	Jan. 2, 194 (month) (day) (year) Cemetery yland.	Where did injury occur?	Date of	(State)
19. Contained by rec'd by re	/	1	lu Mare Ju	23. SIGNATURE J. J. Chrs. Trar Address Cambridge, M.	d. Bafe signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

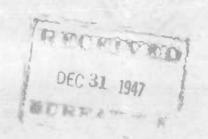
11172

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Borchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
minol non Combaddes	State Maryland county Wicomico		
(If outside city or town limits, write KURAL, and give nearest town)	Willerde		
How long in above place of death? 1 yr., 1 mo., 5 days	(If outside city or town limits, write RURAL and give near	rest town)	
Hospital, Institution, or street address where death occurred:	Street No.		
Eastern Shore State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 1 yr., 1 mo., 5 days	2.(a) It veteran, name war.	¥	
3. (a) FULL NAME	3. (b) Social Security 1	umber	
George Handy Lynch			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
		30.004	
male white widowed	20. DATE OF BEATH. December 27	10:30A.	
Anno Io o Dello			
8.(b) Name of husband or wife Anne Jane Balee	" Assessment 7 17 Dec 27	10 47	
7. Birth date of	and that I last saw h im alive on December 27	47	
7. Birth date of deceased (mo., day, yr.) November 30, 1865		18	
	Immediate cause of death	18 mos.	
0. AGE.	Senility	TO MOS	
82 00 27mi	n.	1	
9. Sirthplace Wicomico County, Maryland (Town, county, and state)	Bue to	****************	

10. Usual occupation Farmer	Bue to.	00.00001141111001111111001111100	
11. Industry or business Agriculture			
	Other conditions Senile Psychosis, simple		
12. Name William Lynch 13. Birthplace Maryland	deterioretion	18 mos.	
- 4 97 9 9	(Include pregnancy within 3 months of death)		
플 14. Maiden name Lorina Wells	Major findiags ol operations		
14. Maiden name Lorina Wells 15. Birthplace Maryland			
16. Informant Records, Estern Shore State Hospita	Astopsy results. PHYSICIAN: Please underline the cause to which death should be charged	tatistically.	
Address Cambridge, Maryland			
10 10 10 16 19	VIOLENCE: It death was due to externat causes, fill in the tollowing:		
(Britial, eremation, or regroval, Which?) Date thereof ponth, (day) (year)	Accident, suicide, or homicide		
Cemetery of crematory Sethel Church Carelle	Where did injury occur?		
Cemetery of crematory			
Locato Clare Quelantes	Injured at home, farm, Industry, public place (where?)		
Dellaron Vleo Williams	Means of injusy injured at work?		
18. Funeral director Julian Julian Julian The	Robert Bertrand May, M.D.	0.0	
Address alistary The	- an CHANTURE Stoke & Balonas Man	MIN,	
12/29/ 47 Jol mas Swin	23. SIGNATURE STORE State Hospital M. IV.	rother	
(Date rec'd by registrar) (Date rec'd by registrar)	A Property of the Party of the	2-27-47	



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2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infents give residence of n	DECEASED:	
CERTIFICAT 1. PLACE OF DEATH: County Dorchester City or fown Cambridge City or fown Cambridge City or fown Cambridge City or fown Cambridge Solution, or street address where death occurred: Cambridge Maryland Hospital How tong in hospital or institution? Two Days 3. (a) FULL NAME Blanche Porter Matthew 4. Ses Female White Single 6. (b) Name of husband or wife Single 7. Birth date of deceased (mo., day, yr.) Sept. 2, 1876 8. AGE: Years Months Days If less than one day 71 Sept. Solutions of the september of the septemb			***************************************	State Maryland	Dorchester	r
County DOI CHESTER City or 10wn. Cambridge (If outside city or town limits, write RURAL and give neerest town) How long in above place of death? 61 Years Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital		State Cambridge	ly			
		City or town (If outside city or town limits,	City or town USMOPLOSE (1f outside city or town limits, write RURAL end give nearest town)			
		Street No. 322 West End	d Ave.			
		TD 7		(If rural, give l	LOCATION)	
	or institution?	Two I	ays	2.(a) if veteran, name war		
3. (a) FULL NA		lanche	Porter Matth	ews	3. (b) Social Security	Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Single	20. OATE OF DEATH December	· 10, 19 47	10:06
8 (h) Nama of hosts	and or wife			21. I CERTIFY that death occurred on the date abov	e stated; that I attended dece	ased from
				3 JULY 19.4	+7,10,10 DE	C 19.4
7. Birth date of	y, yr.) Sept.	2 18	c) tf allve, give ageye:	and that I last saw h.Q., R., alive on		19
8. AGE: You	ears Months	Days	If less than one day	Immediate ceuse of deeth CERES	RAL	OURATION
7	1 3	8	hrs. m	HEMORRHAGE		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ਸ਼ਾ	airmont	Somers	set Co., Md.	Due 10. HYPERTENSIVE	CARDIO -	***************************************
	(Town	county, and	stete)	VASCULAR DISIS	**************************************	
10. Usuai occupatio	Retired	Schoo	ol Teacher	Bus to		
11, tadustry or busi	mess Educat	ion		000 10		*
当 12. Name J	ohn S. Ma Maryland	tthews	3	Other conditions		
13. Birthplace	Maryland					
H 14 Maiden par	Margare	t E. I	Oodson	(Include pregnancy within 3 m		
LOV 45 Bishalas	Margare Maryland			Major findings of operations		• • • • • • • • • • • • • • • • • • • •
1 15. Birtiplace	r. Robert	TJ M	tthowa			
				PHYSICIAN: Please underline the ceuse to whi		statistically.
	ambridge,			22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Bur	ial ion, or removal. Which	. Oate the	eof Dec . 12, 194 (month) (day) (year)	Accident, suicide, or homicide		
(Buriai, cremat	atory Green	awn C	emetery	Where did injury occur?(City or town)		
0						
Eddation initiation	ambridge,			Injured at home, farm, Industry, public place (who	Injured at work?	
18. Funeral directo	LeCompte	's Fu	neral Service	Means of Injury	LI CONTRACTOR OF THE PROPERTY	
Address C	ambridge,	Mary.	land.	Halter Ch	frenty de.	MD
Jan.	12- 4	17 8	has Mare for m	23. SIGNATURE	M. D.	or other
19. (Data regid by	. /2- 19 9 registrer)	.1. / /	Registr	si dian 05 church	Page signed	11 Dec

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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11174

CERTIFICATE OF DEATH

Dist. No. 116

1. PLACE OF DEATH: County Dorchester Cily or town. Cambridge (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 30 Years Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? 3 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 310 Maryland Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Saint Mary McNamara	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 17 1947 2:50A
6.(b) Name of husband or wife James Mc Namara (Died 1918) 6.(c) If alive, give age years 7. Birth date of deceased (mo day, yr.) Nov. 17, 1872 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 19. 47. to 19. 47. and that I last saw h 5. 1. alive on 19. 4. Immediae cause of death DUBATION CEREBRAL HEMORRIFAGE 2 day
8. Birthplace Toddville, Dor. Co., Maryland (Town, eounty, and atate) 10. Usual occupation. 11. Industry or business 12. Name John Meredith 13. Birthplace Maryland	Due to
13. Birthplace Maryland 14. Maiden name. Mary Jones 15. Birthplace Maryland 16. informant. Mrs. Ralph Sullivan	(Include pregnancy within 3 months of death) Major findings of operations
Address Cambridge, Maryland 11. Burial Date thereof Dec. 19, 1947 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Meredith Family Cemetery Location Toddville Dor. Co., Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland. 19. 2-20-1947 John Maryland Registrary (Date recid by registrary)	23. SIGNATURE



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CERTIFICATE OF DEATH

			CERTIFICATION.	Reg. Dist. No.	
1. PLACE OF DEATH:	ter			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	bridge city or town l n? 26 y: address where e State	imits, write R rs. 11 death occurred e Hospi	URAL and give nearest town) MOS. 11 days	State Maryland County Worcester Unknown (If outside city or town limits, write RURAL and give neareat if Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	town)
3. (a) FULL NAME	Eliza	beth Mi	lls	3. (b) Social Security Num	ber
	or or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 29	
6.(b) Name of husband or wife			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased f	rom 1947.
S. AGE.	Months 5	Days	If less than one dayhrs. min.	Pulmonary Tuberculosis 2	
tb. Usual occupation	None.	ls - di	Maryland ed en - died		
14. Malden nameEl	Eden,	Marylan Stote	d Hospital Records	Autopsy results	
	idge, l	Marylan Date ther Nas	d eol. 5 /94 (month) (dsy) (year)	PHYSICIAN: Please underline the cause to which death should be charged statis 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	ste)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED: (For flewborn infants give residence of mother)

Reg. Diat. No. .

3. (b) Social Security Number

CERTIFICATE OF DEATH

	EATH:					
	1. PLACE OF DEATH: countyDorchester					
		d-Nr.	Crocheron URAL and give nearest town)			
How long in above pla	ce of death? One or street address where d	Lord T. C. M. T.	, 	•••		
Hospital, Institution,		Cath Country	•			
New Jone In hospital	or Institution?			•••		
3, (a) FULL NAI						
3. (a) PULL NAI		. Pal	mquist			
A 6	5. Cojor or race		e, married, widowed, or divorced	_		
Male	White					
Male	MIITCA		Unknown ~			
	4					
6.(b) Name of husban			***************************************	****		
7. Birth date of	***************************************		c) If alive, give ageye	ars		
deceased (mo., day	, yr.) ; \			_		
8. AGE: Yea		Days	If less than one day			
About 2	1		hrs. m	in		
9. BirthplaceN	ASS. (Town,	county, and				
10. Usual occopation	Lighthons U.S.C	use	Kaeper			
10. Usual occopation	Lightho	use	Kaeper			
10. Usual occopation 11. Industry or busing 12. Name	Lightho	use	Kaeper			
10. Usual occopation 11. Industry or busing 12. Name	Lighthomess U.S.C. Edward Fa	use	Kaeper			
10. Usual occopation 11. Industry or busin 12. Name	Lighthomess U.S.C. Edward Fa	use	Kaeper			
10. Usual occopation 11. Industry or busin 12. Name	Lighthomess U.S.C. Edward Fa	use	Kaeper			
10. Usual occopation 11. Industry or busin 12. Name	Lighthomess U.S.C. Edward Fa	use	Kaeper			
10. Usual occopation 11. Industry or busin 12. Name	Lighthomess U.S.C. Edward Fa	us e oast lmiqu	Keeper Gua rd			
10. Usual occopation 11. Industry or busin 12. Name	Lightho ess U. S. C Edward Fa cal on, or removal, Whieh?)	Date ther	Keeper Gua rd ist or Man / 3 / 9 4 (month) (day) (year)			
10. Usual occopation 11. Industry or busine 12. Name	Lightho ess U. S. C Edward Fa al on, or removal. Which? ockport, 1	Date there	Marcaster) Marcaster)			
10. Usual occopation 11. Industry or busine 12. Name	Lightho ess U. S. C Edward Fa al on, or removal. Which? ockport, 1	Date there	Keeper Gua rd ist or Man / 3 / 9 4 (month) (day) (year)			
10. Usual occopation 11. Industry or busine 12. Name	Lightho ess U. S. C Edward Fa al on, or removal. Which? ockport, 1	Date there	eral Service			

State Mass.	County
City or town Rockport ()f outside city or tow	n limits, write RURAL and give nearest town)
Street No. 4 Smith Con	ırt
(If run	al, give LOCATION)

	1	_
MEDICAL	CEPTIFICATIO	N

	eased trom
19 to	19
and that I last naw halive on	19
Immediate cause of death	DURATION
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Growing	
Drowing Out to	
Burn - June Many	*
Www francisco	
Due to	
***************************************	**
Dther conditions	** ************************************
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op	
Actopsy results	statistically.

ere did injury occur? M.c. (County) (City or town) ured at home, farm, industry, public place (where?) 🚧 🎜 🗸

ident, sulcide, or homicide.

Date signer Man.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

					Atog. Diat. 110	
I. PLACE OF DE				2. USUAL RESIDENCE (HOME)	OF DECEASED:	
County DOI'G	iester	h Con	and a second		ounty Dorchester	
Cily or lown Rural-Church Creek (If outside city or town limits, write RURAL and give nearest town)				Parant Chame		***************************************
How long in above place of death?				(If outside city or town lim	Ita, write RURAL and give nearest to	wn)
				Streel No. Church Cree	ek	
Chur	ch Creek			(If rural, give	ve LOCATION)	
Now long in hospital o	r Institution?			2.(a) If veleran, name war		
3. (a) FULL NAM	E	Aug	ust Pohl		3. (b) Social Security Number	er
i. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	White	Di	vorced			0.70
				20. DATE OF DEATH. Decemb) er. 10 19 ± / _at	Fre A. A.
i,(b) Name of husband	or wife Grace	Hall	i	21. I CERTIFY that death occurred on the date a		
			(c) If alive, give ageyears	nur		
7. Birth dale of	A			and that I last saw halive on	Lee 10	19.7
deceased (mo., day,		Days	1 If less than one day	Immediate cause of death	1 //	DURATION
8. AGE: Years	s months	23		Congrature Lec	ut Scalan 6	Mos
70	3	20	hrs min.		9	
Ger	many			Due to artitage achie	tul coo)
8. Birinplace	(Town,	eounty, and	atate)	Due 10. Local Control of the Control		******************
1D. Usual occupation	to be seen			Due to allesco seels		2
a todayahar ay barahara						
1. Industry or busines				Grandella		•••••
=			***************************************	Other conditions		
	ermany			(Include pregnancy within 3	D months of doubh	
E 14. Maiden name		Malku	,S			
7	Int Known			Major findings of operations		
≥1 15. Birthplace 1	Not Known				Date of op	
16. Informani	. Freder	ick F	ohl	Antopsy results		
Address C8	ambridge.	Mann	lond	PHYSICIAN: Please underline the cause to	which death should be charged statistic	ally.
				22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
Bur'le	al , or removal, Which?)	Date the	reof Dec. 16, 194" (month) (day) (year)	Accident, suicide, or homicide	Date of	
	ory Old Tri		emeters			
				Where did injury occur?(City or town)) (County) (State	2)
			ryland.	Injured at home, farm, industry, public place ((where?)	•••••
se Sunnel disease I	Le Compte '	s Fun	eral Service	Means of Injury	Injured at work?	
				1/6/40	1	
Address CE	ambridge,	Mary	Tand.	23. SIGNATURE	w/span W	1)
12-1	6- 1-	8	human M. 22	3. SIGNATURE	M. D. or other	, /
(Date rec'd by re	6 - 19 47	//	Registrar	Address tourpreda	Date signed De	16.4
						7

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.....18 DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Ch	naries St., Baltimore	&
CERTIFIC	ATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County	Street No. 303 acc	County Co
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Curra W. Ral	John	3. (b) Social Security Number
4. Sex Sexuale Whits Single married, widowed, or divorced Terrale Whits Single married, widowed, or divorced	MEDICAI 20. DATE DF DEATHLee	CERTIFICATION LULY 75, 47, 18.
6.(b) Name of husband or wife	25 1) FC	ste above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.) January 8-1890	and that I last saw h	g DUR
8. AGE: Years Months Days If less than one day	min.	
9. 8irthplace	Due fo	
10. Usual occupation	Due to	
E 12. Name	Other conditions (Include pregnancy with	Mr. 9 months of doubh
14. Malden name Ruth Goslee 15. Birthplace Ralphy md	Major findings of operations	
18. intermant mis Thelew Kalph	Autopsy results	to which death should be charged statistically
Address Receiveds Ma 9	22. VIOLENCE: If death was due to extern	nal causes, fill in the following:
Cemetery or crematory	Where did injury occur?(City or to	own) (County) (State)
Location Sheet A. Shower	Injured at home, tarm, Industry, public pla	tnjyred at work?
Address Cambridge , md.	23. SIGNATURE.	¿ E Afund
19. Lee 27 19 47 John Mace,	trar Addres 05 che	rel T Date signed D

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

P. Dist. No. 116

					10g. Disc. 1101
1. PLACE OF D	EATH: hester			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	of mother)
(10	mharida			State Maryland	County Dorchester
(1:	outside city or tow	n limits, write	RURAL and give nearest town)		
Now long in shove nis	ce of death?	.4 Year	rs	City or town. (If outside city or town lin	mits, write RURAL and give nearest town)
Mospital, Institution,	or street 200ress whe	re death occurr	ed:	394 Weehing	ton St.
324	Washingt	on St		Street No	give LOCATION)
	or Institution?			2.(a) If veteran, name war	00 00 00
3. (a) FULL NA!				2(-) 11 1010111, 111111	3. (b) Social Security Number
o, (a) Tobe ha	Jo	hnnie	Robbins		3. (0) Social Security Number
4. Sax	5. Coior or race	B.(a)Sing	gle, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male	White	Ma	arried	Decem	iber 2, 19 47 at 11 P.
	433	2 - T			
6.(b) Name of husbar	d or wife	rie loi	les	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
***************************************			(c) If alive, give age 48 years	4/6	19
7. Birth date of deceased (mo., day		13, 18		and that I last saw h. J	19.7
8. AGE: Yea		Days	It less than one day	Imagiate cause of death	DUNATION
0. 1.02.	9 77	29	hrsmin.	Chromony ARICI	RY THROMBOSIS I day
7	7.7.	~			
9. Birthplace	bblns, L	or. Co). Maryland	Due to Chileran Care	rong :
	Machine	vn, eounty, and	t on		
1D. Usual occupation				Bue to steet Xxleres	on (& States)
11. Industry or busin	ess Cambri	.dge Wi	ire Cloth Co.	14	
				Other conditions aller gric	Esema Charlised
	Maryland			Differ Conditions	0 0
	777 3 - 7			(Include pregnancy within	n 3 months of death)
뛷 14. Malden nam	e FIIZabe	en Sne	enton	Major findings of operations	
2 15. Birthplace	Elizabe Maryland	}			Bate of op
16. Interment Mr	s. Allie	Robbi	ins	Antonsy respits	
10. Inturmant	mbridge,			PHYSICIAN: Please underline the cause to	which death should he charged statistically.
D	- 7			22. VIOLENCE: If death was due to external	causes, till in the following
17 Buri	a.L. on, or removal. Whic	Date the	(month) (day) (year)	Accident, suicide, or homicide	
(Burial, crematic	Donobe	sten 1	Jemorial Park		
				Whera did injury occur?(City or tow	yn) (County) (State)
Location Ca	mbridge,	Mary.	land.	Injured at home, farm, Industry, public place	(where?)
18 Funeral director	LeCompt	e's Fu	neral Service	Means of Injury	Injured at work?
	bridge,			11119	Hoursel.
Address Call	1	ALCIT Y TO	4 4 4	23. SIGNATORE	
19 De	25- 19 4	7 10	hu Mace & m	(Can the dia o	The M. D. or other
(Date ree'd by	registrar)		Registrat	Address	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

					7	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	OF DECEASED: f mother)	
				State Maryland county Dorchester City or town Rural-Bishops Head (If outside city or town limits, write RURAL and give nearest town)		
City or town(If	outside city or town i	imits, write R	URAL and give nearest town)			
How long in above place	e of death?	е	***************************************			
Hospital, Institution, or				Street No. Bishops Hea		
				(If rural, give LOCATION)		
How long in hospital o	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
:	S.	Flore	ence Truitt Rol	oinson		
4. See	5. Color or race	S.(a)Singi	e, married, widowed, or divorced	MEDICAL (CERTIFICATION	
Female	White	Ma	arried	Decem	ber 2, 1947	. 5.0 5P.
	1	1				
			binson			
***************************************		6.(e) If alive, give age73 years		4	
7. Birth date of deceased (mo., day,	37			and that I last saw hallowalive on	8	
8. AGE: Year	7	Days	If less than one day	Immediate cause of death		OURATION
70	7	22	hrs. min.		***************************************	
//			1	17 50	***************************************	
9. Birthplace Win	gates, D	or. Co	Maryland Maryland	Due to		4
	Domesti	county, and				
			***************************************	Due to	•••••	
	e Own Ho				<u></u>	
12. Name RO	bert A.	Truit	d	Other conditions	=	740
13. Birthplace	Maryland			(Include pregnancy within		
	Susan T	all				
H 14. maiden name.	Ma 5		***************************************	Major findings of operations		
≥ 15. Birthplace	mary rand				Date of op	
16. Intermant	. Fred C	• Rob	nson	Actopsy results	atta dad dad to dand	at tistically
Addrese Bi	shops He	ad. Ma	arvland			statistically.
			C	22. V10LENCE: If death was due to external c		
(Burial, cremation	n, or removal. Which) Date ther	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	Robins	on Far	mily Cemetery	Where did injury occur?(City or town	(County)	(State)
Ris	hons Hee	d Dos	. Co., Md.	Injured at home, farm, industry, public place	(where?)	
				Meane of Injury	Injured at work?	
			meral Service	nicence of many		
Addrese Cam	bridge,	Maryla	and.	23 SIGNATURE O. H. T.	erel.	
then 1	1 4107	Tail	and A Mitalit	23. SIGNATURE	M, D,	or other
Date rec'd by r	197./	- Dru	Cock Registrat	Address Comebuler	Date signed	12/4/49
(Date let d by F			and Volume	Daning of the contraction of		



2411 N. Charles St., Baltimore

	CERTIFICA	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Cambridge	RAL and give nearest town)	State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Streel No. Stone Boundary Road (If rural, give LOCATION)		
How long in above place of death? Life Hospital, institution, or street address where death occurred: Cambridge Maryland Ho	ospital			
How long in hospital or institution? Two Day:	3	2.(a) if veleran, name war		
3. (a) FULL NAME	Vayne Ross	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White In	nfant	2D. DATE DF DEATH December 5, 19 47 at 1:15		
8.(b) Name of husband or wife	tf alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8. AGE: Years Months Days	if less than one dayhrsmin.	Immediate cause of death DURATION Gorgental Heart Disease 28 hou		
11. Industry or business		Due to.		
12. Name Olney P. Ross, s		Dther conditions		
14. Malden name Katherine Mil. 15. Birthplace Maryland	ls	(Include pregnuncy within 3 months of death) Major findings of operations		
≥ 15. Birthplace Maryland		Date of op		
16. Informant Mr. Olney P. Ross Address Cambridge, Maryla		Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Dorchester Me	Dec. 6, 1947	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Cambridge, Maryla				
18. Funeral director LeCompte's Fun		to the state of th		
Address Cambridge, Maryla	and.	23. SIGNATURE L. O. huilith, h.D. Address Cambrille, mayland Bate signed Dec. 6, 18		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Douchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Range County Coun	
3. (a) FULL NAME Thomas H. Sampson	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wals Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. So F.	
6.(b) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; fhat attended deceased from 19. 10. 10. 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
8. AGE: Years Months Days If less than one day 76 / /7	Due to Arterias'/enstic heart Ciserse Due to	
12. Name Ahra Wrstey Sampson 13. Birthplace Dorchester County Maryland 14. Malden name Sarah E. Young 15. Birthplace Dorchester County, Maryland	Other conditions	
16. Informant Mrs. Edith Johnson Address East New Market, Maryland R.F.D. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rompsontown Comptens	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)	
Location Near East Yew Market Maryland 18. Funeral director. J. J. Framptom & Son Address Federal abury, Maryland	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore

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CERTIFICA	IE OF DEATH	Reg. Dist. No.
I. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town	ounty archested its, write RURAI and give nearest town) re LOGATION)
3. (a) FULL NAME Sarah & Sharps		3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divoged fearl Raland Lingle	MEDICAL C	certification 29 1947 at 3 A
8.(b) Name of husband or wife	and that I last saw h	25 19 Y
8. AGE: Years Months Days If less than one day 3 9 3 22	Immediate camp of death I'm and a second of the second of	399
11. Industry or business 12. Name Pix halid: J. Shalf 8 13. Birthplace Can blindal	Other conditions Dealer Conditions Office Condit	7
14. Maiden name Maly Roberts 15. Birthplace . Canylandal	Major findings ol operations	Date of op
Address C. Date thereot. (month) (day) (year) Cemetory or crematory.	PHYSICIAN: Please underline the cause to vice the cause the vice the cause the vice the cause the vice the vice the cause the vice the vic	which death should be charged statistically. auses, fill in the following; Oate of A.
Location sulate Cambridge 18. Funeral director Lepisch Bengner Address Cambridge nd	Injured at home, farm, industry, public place (Means of injury 23. \$IGNATURE	(where?) Injured at work?
19. 12/3/ 19 47 John March Registrar	Addross Cacebus	M. D. or other Dato signed Dev 3

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

10					
City or town	ehester ambridge outside city or town e of dealh? r street address where dge Mary	Hours	ospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorch City or town Rural-Woolfords (If outside city or town limits, write RURAL a Woolfords Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM		ary Lou	Shenton	3.(b) Socia	Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Infant				MEDICAL CERTIFICAT 20. DATE OF DEATH. December 7,	
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Mosr Of		If alive, give ageyears	21. I CERTIFY that death occursed on the date above slated; that I add that I last saw h E.R. alive on	eurle 7 19 4
8. AGE: Year		0ays 15	If less than one dayhrsmin.	Immediate cause of Path Luftenso, Ashudottion	2 days
1D. Usual occupation. 11. Industry or busines 12. Name	nillip He	- enry Sh	nd Hospital nenton Seabrease	Dus to	
Address Woo	. Phillipolfords,	Maryla		Actopsy results. PHYSICIAN: Please woderline the cause to which death should 22. VIOLENCE: If death was due to external causes, fill in the folion of the cause	he charged statistically.
Cemetery or cremat Location	o, Old Trurch Cree	inity (ek, Mar e's Fur Maryla	Cemetery ryland neral Service	Whers did Injury occur?	ty) (State) It work?
19. /2 - 3 (Date rec'd by re	7- egistrar) 47	John	Mace Jr. mod	Addres Combrile Mid	M. D. or other Date signed



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

11184

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DE	hester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marylamd County Dorchester		
How long in above plac Hospital, Institution, o	outside city or town e of death? 5 1 r street address where idge Man	death occurren	d:	Cambridge City or town (If outside city or town limits, write RURAL and give nearest town) Rambler Road (If rural, give LOCATION)		
	or institution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAM		llivan	e Shenton	3. (b) Social Security Number		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Single	20. DATE OF DEATH. December 11, 19 47 at 11:1		
7. Birth date of	Mosr	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Y and that I last saw h		
8. AGE: Year	e Months	Days 23		Immediate cause of death OURATIO		
10. Usual occupation. 11. Industry or busines 12. Name	R. Shen	ton		Other conditions (Include pregnancy within 3 months of death)		
14. Maiden name	Mary II Maryland	nsley		Major findings of operations. Chrome		
16. Intermant	s. Eva S		, Washington,	Autopsy results		
			Dec. 13, 1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or cremat	ory Camb:	ridge	Cemetery	Where did Injury occur? (City or town) (County) (State)		
(Burial, cremation Cemetery or cremat Location	ory Camb: mbridge,	ridge Maryl	Cemetery and eral Service	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of Injury Injured at work?		

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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

11185

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: county Dorchester City or fown Rural-Cambridge City or fown Imits, write RURAL and give nearest town) How long in above place of death? Life Hospital, Institution, or street address where death occurred: RFD # 1 How long in hospital or institution? 3. (a) FULL NAME	(For newborn infants give residence of mother) State Maryland County Dorchester City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. RFD # 1 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
Magaret Meredith Sho			
4. Sex 5. Color or race 6.(a) Singla, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. December 8, 19 47, 21 1:10		
6.(b) Name of husband or wife. Thurman M. Shorter 6.(c) If alive, give age 59 years 7. Birth date of deceased (mo., day, yr.) March 9, 1888	aed that I last saw it last sa		
8. AGE: Years Months Days If less than one day 59 8 29min.	Immediate cause of death UREMIT: 2 days.		
S. Birthplace Cambridge, RFD, Dor. Co., Md., (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Own Home 12. Name. Pritchett W. Meredith 13. Sirthplace Maryland 14. Maiden name. Willie M. Gore 15. Birthplace Maryland 16. Informant. Mr. Thurman M. Shorter. Address Cambridge, RFD, Maryland 17. Burial Date thereof. Dec. 10, 1947 (Burial, crematory or cremoval, Which?) Cemetery or crematory East New Market, Maryland.	Oue to CHRENIC DEPTH 17 S DRITCRID TO CER 203 (S DARDES MELL TOLS (SCUERE) Other conditions TO BO LOUB RT FEMORAL HRIP (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actorsy results. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magns of injury injured at work?		



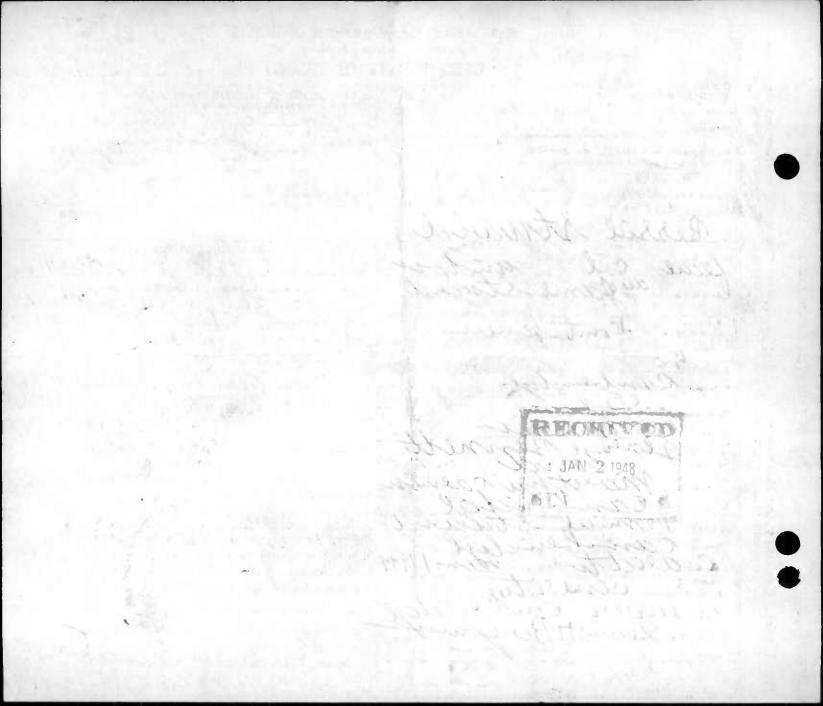
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dareliester	(For newborn infants give residence of mother)
	State Mandaudusly Darehester
City or iown	10
	(If outside city or fown limits, write RURAL and rive nearest town)
How long in above place of death?	(If outside city or jown limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
Bessil Stward	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
local Rale Maria	Dar 27 44 5.4
Julius 1000 million or	20. DATE OF DEATH. Dec 27 19 47 21 3:4
Van Callyme Strengel	21. 1 CERTIFY that death occurred on the date above stated; that Lattended deceased gop
(b) Name of husband or wife.	Dec 22 10 47 10 1) ec 27 19
	ears
7. Birth date of 100 to 100 to 100 1892	and that I last saw h C. Callye on
deceased (mo., day, yr.)	Immediate cause of death Conglishive Heart DURAT
8. AGE: Years Months Days If less than one day	Jailare 2M
50 hrs	
Du bunda	
9. Birthplace & annu-unage	Due to Essential Hypentasin Ten
(Town, county, and atate)	
10. Usual occupation a a a a a a a a a a a a a a a a a a a	
00000 11	Due to
11. Industry or business	
12. Name glosigh 3lpsilote	Other conditions Right Sided hemiphogia
13. Birthplace	0 10
	(Include pregnancy within 3 months of death)
# 14. Maiden name 11. 11. Maiden name 11. 11. Maiden name 11. 11. Maiden name 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	
14. Maiden name Machella Carberra Calust	Major fiediogs of operations.
21 15. Birinpiace	Date of op
18. Informant de smulas Stiller Hod	Aotopsy results
000-100	PHYStCtAN: Please moderline the cause to which death should be charged statistically.
Address Components	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Co allot town Date thereof Miles 19	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Clark & Man	Where did injury occur?
Cemetery or crematory	
location William Could the Class	Injured at home, farm, Industry, public place (where?)
the RHAD - 1 will	Means of Injury Injured at work?
18. Funeral director A. P. Mary J. 1030-03000	0/1 4 0
	(Y4) - 7 W
Address	
Hudross 1 1 1 0 5 5 5 5	25 MIGNATURE X-CRUMN JASSEUM
12/21/ 47 al mas a	23. SIGNATURE

WARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givg residence of mother)
County County	11. 8. 0
or town (If outfide city or town limits, write RURAL and give nearest tow	State County County
ong in above place of death?	City or town
pital, institution, or street address where de th occurred:	
	Street No
ong In hospital or Institution?	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Samuel Thomason.	J. (o) Social Becarity Hamber
Sex 5. Color or race 6.(a) Single, married, w dowed, or divorced	MEDICAL CERTIFICATION
who Colored to	
ale poroua la	20. DATE OF DEATH ATULINUS 3/ 19.47, at
Name of husband or wife Oruella Thompson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	December 9 1047 10 Dec 31 1047
th date of	and that I last saw harry alive on 10 2 4 19.4.7
eceased (mo., day, yr.)	Immediate cause of death DURATION
GE: Years Months Days If less than one day	Celebral Kenny 22d
86 7 7 hrs.	
Talandel I man	e la Necesta
(Town, eounty, and state)	Due to Du
Mare a	
sual occupation. / Conc	Due to.
dustry or business	
2. Name Jumes I hompson	Bither conditions Chan Myseule 18m
13. Birthplace O Donker Ro Med	
To. Dilliplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
4. Maiden name 5. Birthplace UNRy	Dale of on
B. Jan Can As	
Informant	Autopsy results
idress Clay and Ma	
Buch Date thereof lan 2 19	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, of removai, Which?) (month) (day) (yes	ar) Accident, Suicide, or nomicide
netery or crematory Curton deland	Where did injury occur? (City or town) (County) (State)
0-10-1	Injured at home, farm, Industry, public place (where?)
cation	
Funeral director Down Cayness	Msans of Injury Injured at work?
10. 1 1 100.1	0 10 10
ddress miles	230 SIGNATURE and MAVClaumph
Jan 5-19 48 John Man	mid M. D. or other
(Date reed by registrar) Re	egistrar Address Date signed / - 2 . 4

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE

. The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		7	7 6
Rog. Di	at No		TO

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)
				State Maryland Cou	Dorchester Dorchester
(If o	utside city or town lin	mits, write RURAL and g	ive nearest town)	City or town. Cambridge (If outside city or town limits	
How long in above place	of death?	<u>e</u>		(If outside city or town limits	s, write RURAL and give nearest town)
Rospital, institution, or	street address where t	death occurred:		Street No. 208 West En	d Ave.
			***************************************	(If rural, give	LOCATION)
	institution?			2.(a) If veteran, name war	
3. (a) FULL NAMI		Toller			3. (b) Social Security Number
4. 321	5. Color or race	8.(a)Single, married, wide	oved, or divorced	MEDICAL CI	ERTIFICATION
Female	White	Infant		20. DATE OF DEATH. Decemi	ber 17 19 47 17:20P
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from
***************************************		6.(c) It alive, give	ageyears	50	17/17 1987
7. Birth date of deceased (mo., day, y	Dec. 1	7, 1947	- 65		
8. AGE: Years		Days It less tha	in one day	Immediate chas of death	OURATION
-	-	- 12	hrs. 10 min.	430000	Det Jestation
Com	hmidee	Manaralond			
9. Sirthplace.	bridge,	county, and state)	***************************************	Due to	

				Due to	
11. Industry or busines		1 077			
12. Name Douglas Tolley				Other conditions	
3. Birthplace Maryland				(Include pregnancy within 3 i	months of death)
当 14. Malden name.	Ruth Bran	mble		Major findings of operations	
S 15. Birthplace M.	arvland			Major nadings of operations.	
1/13. Bittiplace	Douglag	Tolley			
				Autopsy results	hich death should he charged statistically.
Address Cam	bridge,	Maryland		22. VIOLENCE: It death was due to external cau	
t7. Burial Date thereot. Dec . 18, 1947 (Burial, cremation, or removal, Which?)		Accident, suicide, or homicide			
		Memorial (Where did injury occur?(City or town)	
		ek, Dor. Co		>	here?)
18. Funeral director	LeCompte	's Funeral	Service	Mssns ot injury	tnjured at work?
		Maryland.		23. SIGNATURE	seeks!
19. 12-2 (Date rec'd by re	o - 19 47	John m	Registrar	100	M. D. as offer /20/4)



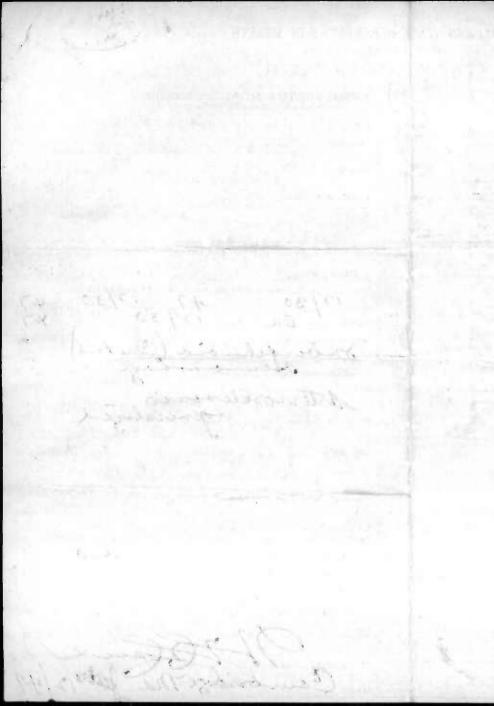
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		ODICE IT TOLL	L OI DLIIII	Reg. Diat. No.
1. PLACE OF DI	hester		2. USUAL RESIDENCE (HOME (For newborn infants give residence	ce of mother)
County Dorchester City or town Church Creek (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 53 Years Hospital, Institution, or street address where doath occurred: Church Creek		Street No. Church Creek		
	or institution?		2.(a) It veteran, name war	
3. (a) FULL NAM		ma Estelle Vane		3. (b) Social Securily Number
4. Ses	5. Color or race	6.(4)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female	White	Widowed	20. DATE OF DEATH	ember 30, 19 47, at 4:30
6.(b) Namo of husband or wite James Guy Vane Died-11/4/1945 6.(c) If alive, give age years		21. I CERTIFY that death occurred on the dat	te above slated; that t attended deceased from 1947 to 1944	
7. Birth dato of deceased (mo., day,	, yr.) Nov. 2	1, 1868	Immediate cause of death	
8. AGE: Yea .79		Days If less than ono day 9hrsmin.	Jabortehn	ond (Cerutral)
9. Birthplace. Woolfords, Dor. Co., Nd. (Town, county, and state) 10. Usual occupation. Asst. Post-Master 11. Industry or business U.S. Government 12. Name. Hohn R. Neild 13. Birthplace. Maryland			Due to Due to Due to Clinclude pregnancy with	
14. Maiden name Hester Neal 15. Birthplaco Maryla nd 16. Intermant Miss Agnes N. Vane Address Church Creek, Maryland		Major fiediogs of operations		
				17. Buri (Burial, crematic
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland.		Mesns of Injury	Injured at work?	
0	2 - 19 48	0: 5	23. SIGNATURES multaubsid Address	lige man Jar /4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and PLEASE WRITE





VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

111911 Reg. Diat. No. 776

1. PLACE OF DEATH! County Cou		
Site Courty Cartife city of even timits, write RURAL and give nearest town) How long in above place of deaths A Configuration. Hospital, Inspiliator, or street advisor, street and the street of th	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Site Courty Cartife city of even timits, write RURAL and give nearest town) How long in above place of deaths A Configuration. Hospital, Inspiliator, or street advisor, street and the street of th	County Disselection	(For newborn infants give residence of mother)
(If castale city or town tights, write RURAL and give nearest town) Row long in a people of death of Latespies. Recolail, institution, or street address whys, defit occurred: Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) Street Ra. (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits, write RURAL and give nearest town) (If castale city or town imits,	- Charlete das	State County Wall
New long in above place of death, or gravet address where Address wher	(If outside city of town timits, write RURAL and give nearest town)	Rung Casta Rd
Street No. Control	How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Serial Continues Serial Cont	Hospital, institution, or street address where death occurred:	Charle We
3. (a) FULL NAME ### Marie 1. Jackhier ### S. Sobr or race ### Acops of hospital with a property of discreed ### Date of DEATH	Cembrels Tensile	
3. (a) FULL NAME ### Marie 1. Jackhier ### S. Sobr or race ### Acops of hospital with a property of discreed ### Date of DEATH	5dago	2 (g) If valeron name was
4. Set J. Color or race J. O. Single, married, wishered or diverced J. Co. 1. Co. 1. Married 20. Date of Death. Death of the date above states that a stapped doceased Lum for the date of the date	now long in nospital of instruction:	
8. (b) Name of husband or wife Address (c) If alive, gire age 2 years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have of death. 18. Firthplace A have one day 19. June 10. Jun	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of husband or wife Address (c) If alive, gire age 2 years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have of death occupied on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have on the date above tales, that is ally years and that I last you have of death. 18. Firthplace A have one day 19. June 10. Jun	Marie N. Looke	
8. (b) Name of husband or wife	7	MEDICAL CERTIFICATION
20. Name of husband or wife Andrews (Second Control of Second Cont		MEDICAL CERTIFICATION
5.(b) Name of husband or wife	n. Co. Married	20 DATE DE DEATH December & 194/21/0 AW
8. Sirthplace	(N. A. 1)	
7. Birth date of deceased (mo. day, yr.) 8. AGE: Tears Months Days It less than one day 9. Shrts min. 8. Birthplace Confus and state) 10. Usual occupation. The Additional Management of the Confus Confus and state) 11. Industry or business 12. Name Management of the Additional Management of the Confus Confus and state) 13. Birthplace Co. 14. Maiden name Management of the Confus Confus and state) 15. Birthplace Co. 16. Intermant Address 17. Birth date of death Major Sediags of operations. Date of op. Actions of the Confus	6,(b) Name of husband or wife Kellas Jellina	
8. AGE: Years Months Days It less than one day 8. Birthplace	(s (a) If allow sive one 62 year	
8. AGE: Tears Months Days It less than one day B. Birthplace	7. Rirth date of	and that I last taw har alive on alleunter of 197
8. AGE: Years Months Days It less than one day B. Birthplace		and the second s
B. Birthpiace	8. AGE: Years Months Days It less than one day	The shall to make a character
B. Birthpiace	62 9 18 hrs min	Land the second of the second
10. Usual occupation. 11. industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. intormant. 17. Address 18. Intormant. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. County. 19		<u>-</u>
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. Address 17. (Burial, cremation, or remoyal, Which?) 18. Funeral directes. 19. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. 17. (Burial, cremation, or remoyal, Which?) 18. Funeral directes. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 10. Date of op. 11. Actions Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: 18. Funeral directes. 19. Occupation. 19. Injured at home, farm, industry, public place (where?) 19. Occupation. 10. Occupation. 10. Usual occupation. 10. Occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Include pregnancy within months of death) 18. Include pregnancy within months of death) 19. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 11. (Include pregnancy within months of death) 12. VIOLENCE: It death was due to external causes, fill in the tollowing: 18. Internation. 19. Occupation. 19. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 11. Industry or course. 12. VIOLENCE: It death was due to external causes, fill in the tollowing: 13. Signature. 14. Malden name. 15. Birthplace 16. Include pregnancy within months of death) 18. Internation. 19. Occupation.	B. Blothologe Portifica for Pa	Bue to the Deslaw From Cardio -
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. Address 17. (Burial, cremation, or remoyal, Which?) 18. Funeral directes. 19. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. 17. (Burial, cremation, or remoyal, Which?) 18. Funeral directes. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 10. Date of op. 11. Actions Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: 18. Funeral directes. 19. Occupation. 19. Injured at home, farm, industry, public place (where?) 19. Occupation. 10. Occupation. 10. Usual occupation. 10. Occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Include pregnancy within months of death) 18. Include pregnancy within months of death) 19. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 11. (Include pregnancy within months of death) 12. VIOLENCE: It death was due to external causes, fill in the tollowing: 18. Internation. 19. Occupation. 19. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 10. Occupation. 11. Industry or course. 12. VIOLENCE: It death was due to external causes, fill in the tollowing: 13. Signature. 14. Malden name. 15. Birthplace 16. Include pregnancy within months of death) 18. Internation. 19. Occupation.	(Town/county, and state)	10 - helar desireles.
12. Name		
12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Intormant 16. Birthplace 16. Intormant 16. Birthplace 17. Birthplace 17. Birthplace 18. Intormant 16. Birthplace 17. Birthplace 18. Intormant 16. Birthplace 16. 16.	Ig. Oqual occupation	Due to.
14. Malden name 15. Birthplace 16. Intormant 16. Intormant 16. Intormant 16. Intormant 16. Intermant 16. Inter	11. industry or businese	
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